

CITY OF COLUMBUS

DEPARTMENT OF DEVELOPMENT LEAD SAFE COLUMBUS RESIDENTIAL OCCUPANT PROFILE

Occupant Name: _____ S.S.#: _____

Address: _____ Phone #: _____

Owner Occupant _____ Tenant Occupant _____

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

Please check (✓) one of the following regarding the occupant:

☐ Hispanic/Latino ☐ Non Hispanic/Latino

Please check (✓) all that apply regarding the occupant:

☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

If the occupant is female head of household please check (✓) this box:

☐ Female head of Household

Family Composition: NAME	RELATIONSHIP	AGE	SEX	RACE	GROSS MONTHLY	INCOME SOURCE
	Head of the Household					

Percent of Median Income Status _____

Current Monthly Rent \$ _____

Total number of total rooms: _____ Number of bedrooms: _____

Date of occupancy _____

Are you receiving any housing assistance? (check one).

_____ No Assistance

_____ Section 8 Certificate

_____ Section 8 Voucher

_____ Other Assistance (explain below)

COMMENTS: _____

I hereby attest that to the best of my knowledge, the information provided herein is true and correct:

Signature Title Date _____

City of Columbus Representative Date _____

